

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PRESERVE THE CONSTITUTION PAC

Report Covering the Period:

From:

10 01 2014

To:

12 31 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	0	60.00
(b) Cash on Hand at Beginning of Reporting Period.....	60.00	
(c) Total Receipts (from Line 19).....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	60.00	60.00
7. Total Disbursements (from Line 31).....	10.00	10.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	50.00	50.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Page 3

PRESERVE THE CONSTITUTION PAC

From:

10 01 2014

To:

12 3.1 20.14

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- (a) Individuals/Persons Other Than Political Committees
- (i) Itemized (use Schedule A).....
- (ii) Unitemized
- (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

- (b) Political Party Committees
- (c) Other Political Committees
(such as PACs).....
- (d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

- 14. Loan Repayments Received.....**

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.)

- ### 18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account
(from Schedule H3)

- (b) Levin Funds (from Schedule H5)

- (c) Total Transfers (add 18(a) and 18(b))..

- 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶**

- 20. Total Federal Receipts**
(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE of Disbursements

Page 4

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- \$5.00 FROM (ii) Non-Federal Share.....
 (b) Other Federal Operating
 EACH ACCOUNT Expenditures...BANK Fee.....

Page 5

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans)
(from Line 11(d), page 3)
34. Total Contribution Refunds
(from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b)) ►
37. Offsets to Operating Expenditures
(from Line 15, page 3)
38. Net Operating Expenditures
(subtract Line 37 from Line 36) ►

60.00
0
60.00
10.00
0
10.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Preserve The Constitution PAC

Full Name (Last, First, Middle Initial)

A. Home Savings
Mailing Address

Date of Disbursement

MM/DD/YYYY
10/31/2014

City NORWALK, OHIO State OHIO Zip Code 44859

Purpose of Disbursement

BANK FEES

Candidate Name

Act # 22441034

001

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) CHECKING
INACTIVITY FEE

State:

District:

Full Name (Last, First, Middle Initial)

B. Home Savings
Mailing Address

Date of Disbursement

MM/DD/YYYY
10/31/2014

City NORWALK, OHIO State OHIO Zip Code 44859

Purpose of Disbursement

BANK FEES

Candidate Name

Act # 22441042

001

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) CHECKING
INACTIVITY FEE

State:

District:

Full Name (Last, First, Middle Initial)

C.
Mailing Address

Date of Disbursement

MM/DD/YYYY

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10.00

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